

## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?:  
Computer Readable Form (CRF)?:  
Number of copies of CRF::  
Title::

### **ARRANGEMENT FOR HANDLING BANKNOTES AND/OR OTHER DOCUMENTS**

Attorney Docket Number:: HANSSON4  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 6  
Small Entity?: No  
Latin Name::  
Variety Denomination Name::  
Petition Included:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Sweden  
Status:: Full Capacity

Given Name:: Gustaf  
Middle Name:: Lars-Åke  
Family Name:: HANSSON  
Name Suffix::  
City of Residence:: Mellösa  
State or Province of Residence::  
Country of Residence:: Sweden  
Street of Mailing Address:: Vik Löta  
City of Mailing Address:: Mellösa  
State or Province of Mailing Address::  
Country of Mailing Address:: Sweden  
Postal or Zip Code of Mailing Address:: S-640 31  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Sweden  
Status:: Full Capacity

Given Name:: Kurt  
Middle Name:: Erik  
Family Name:: SKÅNBERG  
Name Suffix::

City of Residence:: Katrineholm  
State or Province of Residence::  
Country of Residence:: Sweden  
Street of Mailing Address:: Bäverstigen 12  
City of Mailing Address:: Katrineholm  
State or Province of Mailing Address::  
Country of Mailing Address:: Sweden  
Postal or Zip Code of Mailing Address:: S-641 53

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application:: Continuity Type::

Parent

Parent Filing

This Application      National Stage of

Application::      Date::  
PCT/SE03/001359      09-02-03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Sweden	02 02586-4	09-02-02	Yes

**Assignment Information**

Assignee Name::	ROSENGRENS SAFE PAY AB
Street of Mailing Address::	P.O. Box 121 43
City of Mailing Address::	Göteborg
State or Province of Mailing Address::	
Country of Mailing Address::	Sweden
Postal or Zip Code of Mailing Address::	S-402 42